

To apply to participate in the program, please submit this completed form.

If applying for VTRP-1, VTRP-2 or VTRP-3, please also attach:

1. a detailed description (no more than 1-page) of the reductions in teaching, research, and service established in consultation with the department head and dean over the course of the VTRP agreement;
2. a signed P3A-F form for the reduction in salary.

Questions: Contact Rachel Gabriele, Provost's Office, rachelvg@vt.edu or 231-4508.

Faculty Member Name _____

Faculty Member Rank _____

Faculty Member VT ID Number _____

Faculty Member Department _____

Faculty Member's College _____

Faculty Appointment Type: Academic Year Calendar Year

Requested Retirement Date _____
(this is the date of **completion** of the VTRP)

(Check One Box Only)

- VTRP-H**
The program participant agrees to retire *by the end of the academic year following execution of the agreement*. During the agreement, the participant would receive **no FTE reduction**, and would be expected to teach a standard teaching load as expected by the academic unit.
- VTRP-1**
The program participant agrees to retire *at the end of the academic year following execution of the agreement*. During the agreement, the participant would receive an **FTE reduction to .50**, including a corresponding reduction in salary. Corresponding reductions to teaching, research, and service responsibilities would be made in consultation with the department head and dean and detailed in the participant's agreement.
- VTRP-2**
The program participant agrees to retire from Virginia Tech *within two years of the commencement of the VTRP agreement*. During the agreement, the participant would receive an **FTE reduction to .50**, including a corresponding reduction in salary. Corresponding reductions to teaching, research, and service responsibilities would be made in consultation with the department head and dean and detailed in the participant's agreement.
- VTRP-3**
The program participant agrees to retire from Virginia Tech *within three years of the commencement of the VTRP agreement*. During the agreement, the participant would receive an **FTE reduction to .50**, including a corresponding reduction in salary.

Corresponding reductions to teaching, research, and service responsibilities would be made in consultation with the department head and dean and detailed in the participant's agreement.

*Note: Eligible faculty members who participate **any VTRP option** and are still under the age of 65 at the conclusion of their transition program will remain eligible to continue health insurance coverage under a Virginia Tech plan. Once the employee transitions to retirement, the university will pay the monthly premiums, and the employee (retiree) will be responsible for reimbursing VT for the equivalent of the employee's portion of the health insurance premium until age 65, whether they opt for complete retirement or are rehired into a non-covered position. The employee portion of the premium will be billed by Human Resources, and will include any increases in accordance with changes in the state's retiree health insurance rates. The request for participation in this program and for reimbursement of health care insurance premiums must be in writing.*

By signing below, I confirm that I have read [Policy 4410](#), and confirm that I meet all eligibility requirements described in the policy.

Faculty Member's signature

Date

Approvals:

Department Head's signature

Date

Dean's signature

Executive Vice President and Provost's signature

Date

Faculty members have seven (7) days to revoke the agreement; participants must be given twenty-one (21) days to consider entering into this agreement; participants are advised to seek advice of an attorney. (Older Workers Protection Act, 1990)